

FILED JAN. 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

1235

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. <u>176</u>	
1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 28 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor			d. STREET ADDRESS (If rural, give location) 622 West 18th Street		
3. NAME OF DECEASED (Type or Print) a. (First) Nellie		b. (Middle) P.		c. (Last) MAXFIELD	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1951					
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 6-29-1873	
9. AGE (In years last birthday) 77		10. MONTHS 11		11. DAYS 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) DeWitt, Iowa
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME James McGinty		13b. MOTHER'S MAIDEN NAME Mary McLaughlin		14. NAME OF HUSBAND OR WIFE Charles D. Maxfield	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Frona Weston	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arterio Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Interstitial Nephritis		INTERVAL BETWEEN ONSET AND DEATH 20 yrs 20 yrs ?	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 442X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9/19</u> , 19 <u>50</u> , to <u>1/12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11/15</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Joseph A. Fogarty		23b. ADDRESS 402 Northman Bldg		23c. DATE SIGNED 1/12/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-15-51		24c. NAME OF CEMETERY OR CREMATORY St. Mary's	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri					
DATE REC'D BY LOCAL REG. 1-13-51		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Mollody-McGilley-Eylar	
				ADDRESS Kansas City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Jackson

Missouri

Jackson

Kansas City

Kansas City

622 West 18th Street

Little Sisters of the Poor

Jan. 12, 1921

WILLIAM

P.

Religion

YY

6-29-1873

widowed

white

Female

ASA

Dewitt, Iowa

At home

Charles D. Maxwell

Mary Elizabeth

James McGinty

Mrs. Emma Weston, Miss Penn, KC, Mo.

none

no

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Ellen E. Heck

Signed.....
Student Embalmer

Licensed Embalmer No. 4063

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, it should be so stated above.

1-12-21

Embodied-McGinty, Kansas City, Mo.